

City of Stephenville 298 W. Washington Stephenville, TX 76401 (254) 918-1213

## **ZONING AMENDMENT APPLICATION**

## **CITY OF STEPHENVILLE**

APPLICANT/OV	WNER:		
	First Name		Last Name
ADDRESS:			
	Street/P.O. Box		Phone No.
	City	State	Zip Code
	Email Address		
PROPERTY DE	SCRIPTION:		
LEGAL DESCR	IPTION: Lot(s)		
	Lot(s)	Block(s)	Addition
	ING:		
	Zoning District		Title
PROPOSED ZO	NING:		
	Zoning District		Title
APPLICANTS R	REQUEST FOR ZONING CHA	ANGE IS AS FOLLOWS	<u></u>
(Attach an additio	nal sheet if necessary)		
Signature of Appl	icant	_ [	<b>D</b> ate
Signature of City Official Received Date Re		Date Received	